

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2010

through

02

28

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

10

16

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M M
0 2D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 2D D
2 8Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		80412.05
(b) Cash on Hand at Beginning of Reporting Period	347314.10	
(c) Total Receipts (from Line 19)	84900.50	1049990.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	432214.60	1130402.55
7. Total Disbursements (from Line 31)	154496.20	852684.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	277718.40	277718.40
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	5660.20	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	2	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	73400.00	170509.00
(ii) Unitemized	11500.50	21875.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	84900.50	192384.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	84900.50	202384.50
12. Transfers From Affiliated/Other Party Committees	0.00	847606.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	84900.50	1049990.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	84900.50	1049990.50

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	96278.16	159221.87	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	96278.16	159221.87	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	47488.52	677026.52	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	10729.52	16435.76	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	10729.52	16435.76	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	154496.20	852684.15	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	154496.20	852684.15	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	84900.50	202384.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84900.50	202384.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	96278.16	159221.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	96278.16	159221.87

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

D. Bradford Wetherell

Mailing Address 47 Fresh Pond Ln.

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romney for President

Occupation

Policy Advisor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00317.C178394

Amount of Each Receipt this Period

300.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marie Angelides

Mailing Address 1200 Converse Street

City

Longmeadow

State

MA

Zip Code

01106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: 00317.C178138

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Action committee Bipartisan political

Mailing Address The Bank of NY Mellon corpt
One mellon Bank Center, Room 657

City

Pittsburgh

State

PA

Zip Code

15258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00317.C178409

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Douglas Butler

Mailing Address 30 Julio Dr.
Apt. 245

City State Zip Code
Shrewsbury MA 01545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: 00317.C178164

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Donald Clark

Mailing Address 145 Granville Rd.

City State Zip Code
Westfield MA 01085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00317.C178332

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard Clemence

Mailing Address 28 Pinedale St.

City State Zip Code
Southbridge MA 01550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hyde Group Inc

Occupation
Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00317.C178363

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Davis

Mailing Address 101 Woodsley Road

City

Longmeadow

State

MA

Zip Code

01106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ventry Industries

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 1 0

Transaction ID: 00217.C178058

Amount of Each Receipt this Period

10000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David Emmerich

Mailing Address 101 Shelton Rd.

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Republic Bank

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: 00317.C178142

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Joel K Greenberg

Mailing Address 727 Marion Square Road

City

Gladwyne

State

PA

Zip Code

19035

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIG LLP

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00317.C178305

Amount of Each Receipt this Period

10000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

20500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Clark Griffith

Mailing Address P.O. Box 127
15 Lakeview St.

City State Zip Code
South Carver MA 02366-0127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: 00317.C178144

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Clark Griffith

Mailing Address P.O. Box 127
15 Lakeview St.

City State Zip Code
South Carver MA 02366-0127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: 00317.C178131

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jeanne Kangas

Mailing Address 959 Hill Rd

City State Zip Code
Boxborough MA 01719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arnold & Kangas, P.C.

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 1 0

Transaction ID: 00217.C178070

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kurt Lanza

Mailing Address PO Box 2178

City

Littleton

State

MA

Zip Code

01460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00317.C178364

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Melissa Lucas

Mailing Address 22 Slayton Road

City

Melrose

State

MA

Zip Code

02176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 1 0

Transaction ID: 00420.C181066

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Peter Maich

Mailing Address 15 Linden Drive

City

Cohasset

State

MA

Zip Code

02025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retailer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: 00317.C178147

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Susan Mattes

Mailing Address 9 Hardy Road

City

Marlborough

State

MA

Zip Code

01752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Astrazeneca R&D Boston

Occupation

Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00317.C178398

Amount of Each Receipt this Period

300.00

Receipt

B.

Full Name (Last, First, Middle Initial)

James McManus

Mailing Address 88 Chestnut St

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Commercial Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 1 0

Transaction ID: 00217.C178076

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Albert Merck

Mailing Address 1010 Waltham St
F-19

City

Lexington

State

MA

Zip Code

02421-8048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 1 0

Transaction ID: 00217.C178075

Amount of Each Receipt this Period

15000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Monaco

Mailing Address 311 Marlborough St.

City

Boston

State

MA

Zip Code

02116-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raptor Capitol Management

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 1 0

Transaction ID: 00317.C178288

Amount of Each Receipt this Period

-5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Peter Monaco

Mailing Address 311 Marlborough St.

City

Boston

State

MA

Zip Code

02116-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raptor Capitol Management

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 1 0

Transaction ID: 00317.C178252

Amount of Each Receipt this Period

15000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

James Murray

Mailing Address 700 East Main St.

City

Saint Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: 00317.C178132

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

H. Bradlee Perry

Mailing Address 865 Central Avenue
K-109

City State Zip Code
Needham MA 02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00317.C178393

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Lovett Peters

Mailing Address 10 Longwood Dr #10

City State Zip Code
Westwood MA 02090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer Institute

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 1 0

Transaction ID: 00217.C178071

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Josephine Pomeroy

Mailing Address 10 Longmeadow Dr.
DO NOT MAIL

City State Zip Code
Westwood MA 02090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: 00317.C178130

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Chris Rohan

Mailing Address 86 Jacobs Lane

City

Norwell

State

MA

Zip Code

02061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation

VP Investment Communication

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: 00317.C178149

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark Russell

Mailing Address 15 Hobart Rd

City

Newton

State

MA

Zip Code

02459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 1 0

Transaction ID: 00317.C178115

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael Savage

Mailing Address 100 Belvidere St
Apt 7bc

City

Boston

State

MA

Zip Code

02199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 0

Transaction ID: 00317.C178474

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Steven Snider

Mailing Address 114 Shornecliffe Road

City

Newton

State

MA

Zip Code

02458-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pyramis Global Advisors

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 0

Transaction ID: 00317.C178258

Amount of Each Receipt this Period

10000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Sinclair Weeks

Mailing Address 100 Newbury Ct., Apt. 502

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 1 0

Transaction ID: 00217.C178072

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

E. Andrew Wilde

Mailing Address 1210 Greendale Ave.
Apt. E3

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 0

Transaction ID: 00317.C178282

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11200.00

TOTAL This Period (last page this line number only)

73400.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Bowditch & Dewey

Mailing Address 311 Main St.
PO Box 15156

City Worcester State MA Zip Code 01615-0156

Purpose of Disbursement
General Counsel and compliance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00317.E11899

Date of Disbursement

02 / 03 / 2010

Amount of Each Disbursement this Period

1700.00

GENERAL COUNSEL AND COMPLIANCE

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement
Credit Card: See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00319.E11967

Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

10322.62

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)

Hilton Back Bay

Mailing Address 40 Dalton St.

City Boston State MA Zip Code 02115-

Purpose of Disbursement
amex payment - hotel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00319.E11971

Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

3276.61

[MEMO ITEM]

MEMO: AMEX PAYMENT - HOTEL

SUBTOTAL of Disbursements This Page (optional)

12022.62

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Scr & Associates, LLC

Mailing Address 4 Leblanc Dr

City
Danvers

State
MA

Zip Code
01923-

Purpose of Disbursement
Fundraising Consulting Fee- party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00317.E11934

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

6000.00

FUNDRAISING CONSULTING FE-
E- PARTY RELATED NON FEA

B.

Full Name (Last, First, Middle Initial)

Blue Cross Blue Shield of Massachusetts

Mailing Address Landmark Center
401 Park Drive

City
Boston

State
MA

Zip Code
02215-

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00317.E11898

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

468.20

HEALTH INSURANCE

C.

Full Name (Last, First, Middle Initial)

Byte Bulb

Mailing Address The Trimount Company, Inc.
75 Meadowbrook RD.

City
Hanover

State
MA

Zip Code
02339-

Purpose of Disbursement
party related website development

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00317.E11902

Date of Disbursement

02 / 03 / 2010

Amount of Each Disbursement this Period

210.00

PARTY RELATED WEBSITE DEV-
ELOPMENT

SUBTOTAL of Disbursements This Page (optional)

6678.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Kauppi Communications	Transaction ID: 00317.E11917 Date of Disbursement																				
Mailing Address 27 Townly Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	0												
City Watertown State MA Zip Code 02472-	Amount of Each Disbursement this Period																				
Purpose of Disbursement communications consulting fee party related non FEA Candidate Name	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ COMMUNICATIONS CONSULTING FEE PARTY RELATED NON FEA																				
B. Full Name (Last, First, Middle Initial) Keswick Consulting	Transaction ID: 00317.E11923 Date of Disbursement																				
Mailing Address 231 Victory Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	0												
City Quincy State MA Zip Code 02171-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political consulting Fee- party realated non FEA Candidate Name	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ POLITICAL CONSULTING FEE-PARTY REALATED NON FEA																				
C. Full Name (Last, First, Middle Initial) Keswick Consulting	Transaction ID: 00317.E11965 Date of Disbursement																				
Mailing Address 231 Victory Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	0												
City Quincy State MA Zip Code 02171-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Politiccql consulting fee-party related non fea Candidate Name	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ POLITICQL CONSULTING FEE-PARTY RELATED NON FEA																				

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Crowne Plaza Crowne Plaza Newton

Mailing Address 320 Washington St.

City
Newton

State
MA

Zip Code
02458-

Purpose of Disbursement
event fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11963

Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

1562.80

EVENT FEE

B.

Full Name (Last, First, Middle Initial)

Diaz Diaz Communications

Mailing Address 9911 Oleander Ave.

City
Vienna

State
VA

Zip Code
22181-

Purpose of Disbursement
Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11961

Date of Disbursement

02 / 03 / 2010

Amount of Each Disbursement this Period

2500.00

CONSULTING

C.

Full Name (Last, First, Middle Initial)

Diaz Diaz Communications

Mailing Address 9911 Oleander Ave.

City
Vienna

State
VA

Zip Code
22181-

Purpose of Disbursement
Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11960

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

924.37

CONSULTING

SUBTOTAL of Disbursements This Page (optional)

4987.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Tara Esfahanian

Mailing Address 177 Upham St.

City
Melrose

State
MA

Zip Code
02176-

Purpose of Disbursement
Fundraising consulting fee for party related event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00317.E11938

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2010

Amount of Each Disbursement this Period

2500.00

FUNDRAISING CONSULTING FEE
FOR PARTY RELATED EVENT

B.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office
1 Liberty Square

City
Boston

State
MA

Zip Code
02109-

Purpose of Disbursement
Dental Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00317.E11913

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2010

Amount of Each Disbursement this Period

129.93

DENTAL INSURANCE

C.

Full Name (Last, First, Middle Initial)

Hampshire House

Mailing Address 84 Beacon St.

City
Boston

State
MA

Zip Code
02108-

Purpose of Disbursement
Catering for party related fundraising event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00317.E11915

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2010

Amount of Each Disbursement this Period

886.36

CATERING FOR PARTY RELATED
FUNDRAISING EVENT

SUBTOTAL of Disbursements This Page (optional)

3516.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 22 Presidents Lane

City
Quincy

State
MA

Zip Code
02169-

Purpose of Disbursement
reimbursement for cell phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11921

Date of Disbursement

02 / 03 / 2010

Amount of Each Disbursement this Period

106.00

REIMBURSEMENT FOR CELL PH-
ONE

B.

Full Name (Last, First, Middle Initial)

Lexis-Nexis

Mailing Address PO Box 7247-7090

City
Philadelphia

State
PA

Zip Code
19170-

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11920

Date of Disbursement

02 / 03 / 2010

Amount of Each Disbursement this Period

1750.00

C.

Full Name (Last, First, Middle Initial)

Melissa Lucas

Mailing Address 22 Slayton Road

City
Melrose

State
MA

Zip Code
02176-

Purpose of Disbursement
fundraising consultin fee for party related fundraising event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11927

Date of Disbursement

02 / 03 / 2010

Amount of Each Disbursement this Period

2500.00

FUNDRAISING CONSULTIN FEE
FOR PARTY RELATED FUNDRAI-
SING EVENT

SUBTOTAL of Disbursements This Page (optional)

4356.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Boston Marriott Newton

Mailing Address 2345 Commonwealth Ave.

City State Zip Code
Newton MA 02466-

Purpose of Disbursement
catering and room rental for state committee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11922

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

250.00

CATERING AND ROOM RENTAL
FOR STATE COMMITTEE

B.

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City State Zip Code
Philadelphia PA 19170-0322

Purpose of Disbursement
copier lease

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11918

Date of Disbursement

02 / 03 / 2010

Amount of Each Disbursement this Period

775.23

COPIER LEASE

C.

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City State Zip Code
Philadelphia PA 19170-0322

Purpose of Disbursement
copier lease

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11919

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

767.91

COPIER LEASE

SUBTOTAL of Disbursements This Page (optional)

1793.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City
Boston

State
MA

Zip Code
02129-

Purpose of Disbursement
Reimbursement See below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00317.E11957

Date of Disbursement

/ /

Amount of Each Disbursement this Period

982.00

REIMBURSEMENT SEE BELOW

B.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address P.O. Box 619612
VFW Airport

City
Dallas

State
TX

Zip Code
75261-9612

Purpose of Disbursement
J. Nassour reimbursement for airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00317.E11958

Date of Disbursement

/ /

Amount of Each Disbursement this Period

982.00

[MEMO ITEM]

MEMO: J. NASSOUR REIMBURSEMENT FOR AIRFARE

C.

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City
Boston

State
MA

Zip Code
02129-

Purpose of Disbursement
Reimbursement See below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00317.E11956

Date of Disbursement

/ /

Amount of Each Disbursement this Period

756.97

REIMBURSEMENT SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

1738.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 00317.E11931 Date of Disbursement																				
Mailing Address c/o Massey & Co. 85 Merrimac Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	0												
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent & Utilites	<table border="1"> <tr> <td colspan="10">4688.70</td> </tr> </table>	4688.70																			
4688.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
RENT & UTILITIES																					
B. Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 00317.E11930 Date of Disbursement																				
Mailing Address c/o Massey & Co. 85 Merrimac Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	1	0												
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent & Utilities	<table border="1"> <tr> <td colspan="10">347.15</td> </tr> </table>	347.15																			
347.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
RENT & UTILITIES																					
C. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00317.E11948 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	1	0												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll fee	<table border="1"> <tr> <td colspan="10">81.16</td> </tr> </table>	81.16																			
81.16																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL FEE																					

SUBTOTAL of Disbursements This Page (optional)

5117.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
payroll tax

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11950

Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

2280.86

PAYROLL TAX

B.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
payroll tax

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11951

Date of Disbursement

02 / 18 / 2010

Amount of Each Disbursement this Period

2260.87

PAYROLL TAX

C.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
payroll fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11949

Date of Disbursement

02 / 18 / 2010

Amount of Each Disbursement this Period

77.71

PAYROLL FEE

SUBTOTAL of Disbursements This Page (optional)

4619.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Poland Spring Poland Spring	Transaction ID: 00317.E11932 Date of Disbursement
Mailing Address Processing Center PO Box 52271	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072-	Amount of Each Disbursement this Period
Purpose of Disbursement Bottled water Candidate Name	<div> <div>96.66</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOTTLED WATER
B. Full Name (Last, First, Middle Initial) Lindsay Shanholt Web Design	Transaction ID: 00317.E11959 Date of Disbursement
Mailing Address 286 Beacon St. Apt. 9	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 0</div> </div>
City Boston State MA Zip Code 02116-	Amount of Each Disbursement this Period
Purpose of Disbursement Website design Candidate Name	<div> <div>425.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WEBSITE DESIGN
C. Full Name (Last, First, Middle Initial) Sprint/Nextel	Transaction ID: 00317.E11935 Date of Disbursement
Mailing Address PO Box 17990	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 1 0</div> </div>
City Denver State CO Zip Code 80217-	Amount of Each Disbursement this Period
Purpose of Disbursement cell phone Candidate Name	<div> <div>270.14</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELL PHONE

SUBTOTAL of Disbursements This Page (optional)

791.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11936

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

220.18

OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11937

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

131.76

OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)

Direct Mail Systems

Mailing Address 12450 Automobile Boulevard

City Clearwater State FL Zip Code 33762-

Purpose of Disbursement
direct mail-party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11906

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

6135.00

DIRECT MAIL-PARTY RELATED
NON FEA

SUBTOTAL of Disbursements This Page (optional)

6486.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Direct Mail Systems	Transaction ID: 00317.E11905 Date of Disbursement																				
Mailing Address 12450 Automobile Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	1	0												
City Clearwater State FL Zip Code 33762- Purpose of Disbursement direct mail-party related non FEA Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1848.00</td> </tr> </table>	1848.00																			
1848.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type DIRECT MAIL-PARTY RELATED NON FEA																				
B. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 00317.E11939 Date of Disbursement																				
Mailing Address P.O. Box 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	0												
City Worcester State MA Zip Code 01654- Purpose of Disbursement Office phone Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">792.12</td> </tr> </table>	792.12																			
792.12																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type OFFICE PHONE																				
C. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 00317.E11940 Date of Disbursement																				
Mailing Address P.O. Box 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	1	0												
City Worcester State MA Zip Code 01654- Purpose of Disbursement Office phone Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">643.63</td> </tr> </table>	643.63																			
643.63																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type OFFICE PHONE																				

SUBTOTAL of Disbursements This Page (optional)

3283.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Matt Walter

Mailing Address 315 State St.

City
Albany

State
NY

Zip Code
12210-

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11964

Date of Disbursement

/ /

Amount of Each Disbursement this Period

REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)

McDermott Will & Emory

Mailing Address 600 13th Street NW

City
Washington

State
DC

Zip Code
20005-3096

Purpose of Disbursement
Legal Counsel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00318.E11966

Date of Disbursement

/ /

Amount of Each Disbursement this Period

LEGAL COUNSEL

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Nick Connors Mailing Address 74 Green Street	Transaction ID: 00317.E11946 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 1 0</div> </div>
City Stoneham State MA Zip Code 02180- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1941.42</div> PAYROLL
B. Full Name (Last, First, Middle Initial) Nick Connors Mailing Address 74 Green Street City Stoneham State MA Zip Code 02180- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00317.E11947 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>1941.42</div> PAYROLL
C. Full Name (Last, First, Middle Initial) Tarah Donoghue Mailing Address 3 Main Street City Dover State MA Zip Code 02030- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00317.E11952 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>1584.40</div> PAYROLL

SUBTOTAL of Disbursements This Page (optional)

5467.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Tarah Donoghue	Transaction ID: 00317.E11953 Date of Disbursement																				
Mailing Address 3 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	0												
City Dover State MA Zip Code 02030- Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1584.42</td> </tr> </table>	1584.42																			
1584.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
B. Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00317.E11942 Date of Disbursement																				
Mailing Address 34 Fresno St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	1	0												
City Boston State MA Zip Code 02131- Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">685.14</td> </tr> </table>	685.14																			
685.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
C. Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00317.E11943 Date of Disbursement																				
Mailing Address 34 Fresno St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	0												
City Boston State MA Zip Code 02131- Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">685.14</td> </tr> </table>	685.14																			
685.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				

SUBTOTAL of Disbursements This Page (optional)

2954.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11944

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11945

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00317.E11901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

69.96

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

69.96

TOTAL This Period (last page this line number only)

10729.52

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 / 38

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-Nexis

 Nature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-Nexis

 Nature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-Nexis

 Nature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional).....

1750.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 36 / 38

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS Connect

Nature of Debt (Purpose):
Original Debt for telemar-
keting non-fea party rela-
ted

Mailing Address 7300 Hudson Blvd. Ste

City	State	ZIP Code
Saint Paul	MN	55128-

Outstanding Balance Beginning This Period

3910.20

Transaction ID: LS91217.E11763

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3910.20

1) **SUBTOTALS** This Period This Page (optional)..... ▶

3910.20

2) **TOTALS** This Period (last page this line number only)..... ▶

5660.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5660.20

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 37 / 38

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee						
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee			
			Mailing Address			
			City	State	ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee Victory Enterprises			Purpose of Expenditure Political consul- ting		Category/Type	
Mailing Address 5200 S.W. 30th St., Ste. 7			Date M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0		Amount 11540.56	
City Davenport		State IA				ZIP Code 52802
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential				State: District:
Aggregate General Election Expenditure for this Candidate ▶			676514.84		Transaction ID: 00317.E11941	
Full Name (Last, First, Middle Initial) of Each Payee FTIN Solutions			Purpose of Expenditure telemarketing		Category/Type	
Mailing Address 325 E Jimmie Leeds Rd. #117			Date M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0		Amount 5373.80	
City Davenport		State IA				ZIP Code 52802
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential				State: District:
Aggregate General Election Expenditure for this Candidate ▶			676514.84		Transaction ID: 00317.E11912	
Full Name (Last, First, Middle Initial) of Each Payee Henrietta Tow			Purpose of Expenditure political consul- ting		Category/Type	
Mailing Address 4709 Hunt Rd.			Date M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0		Amount 574.16	
City Onondaga		State MI				ZIP Code 49264
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential				State: District:
Aggregate General Election Expenditure for this Candidate ▶			676514.84		Transaction ID: 00317.E11916	
SUBTOTAL of Expenditures This Page (optional)			▶		17488.52	
TOTAL This Period (last page this line number only)			▶			

SCHEDULE F (FECForm 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 38 / 38

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee	
If YES, name the designating committee:		Mailing Address	
		City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee McDermott Will & Emory		Purpose of Expenditure Legal Counsel	<div>Category/Type</div>
Mailing Address 600 13th Street NW			
City	State	ZIP Code	
Washington	DC	20005	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ►		<div>676514.84</div>	
		Date MM / DD / YYYY 02 / 08 / 2010	Amount 30000.00
		Transaction ID: 00317.E11926	

SUBTOTAL of Expenditures This Page (optional)	►	<div>30000.00</div>
TOTAL This Period (last page this line number only)	►	<div>47488.52</div>